

APN # 1320-29-111-021

Escrow # 00243426 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Ida M. Griggs
1141 White Oak Loop
Minden, NV 89423

Mail Tax Statements to:
Ida M. Griggs
1141 White Oak Loop
Minden, NV 89423

DOUGLAS COUNTY, NV **2019-927226**
Rec:\$35.00
\$35.00 Pgs=4 **03/29/2019 10:54 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Joint Tenant

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (state specific law).

Cindy Brewer
SIGNATURE

Escrow Assistant
TITLE

Cindy Brewer
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

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Escrow No. 00243426 - 016 -

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1141 White Oak Loop
Minden, NV 89423

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AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA } ss:
COUNTY OF CARSON CITY

Ida M. Griggs, of legal age, being duly sworn, deposes and says

That Robert Gordon Griggs the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert G. Griggs named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 14, 2008 executed by Richard Neal and Patricia Neal, husband and wife to Robert G. Griggs and Ida M. Griggs, husband and wife as joint tenants, recorded as Instrument No. 727731, on July 31, 2008 of Official Records of Douglas County, Nevada, covering the following described property.

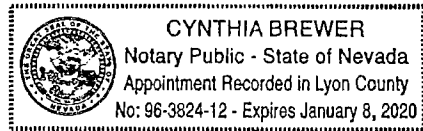
See Exhibit A attached hereto and made a part hereof.

Dated: 3-25-19

Ida M. Griggs
Ida M. Griggs

SUBSCRIBED AND SWORN TO before me on this 25th day of March, 2019
By Ida M. Griggs.

Cynthia Brewer
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Parcel 1:

Unit 318, as shown on that certain Record of Survey file in the office of the County Recorder of Douglas County, Nevada on June 9, 1997 in Book 697, at Page 1495 as Document No. 414454, Official Records, being a Boundary Line Adjustment of the Final Map of Winhaven, Unit No. 7, Phase A, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 17, 1995, in Book 1195, Page 2675, as Document No. 374950.

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants, Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records

SPACE BELOW FOR RECORDER

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2015001124
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Robert Gordon GRIGGS		2. DATE OF DEATH (Mo/Day/Year) January 22, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Inpatient/Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Male	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 85	
7b. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) December 01, 1929	
9a. STATE OF BIRTH (If not U.S.A.) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Ida PETTY		13. SOCIAL SECURITY NUMBER ████████-3451	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Planning Director		14b. KIND OF BUSINESS OR INDUSTRY City Government		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1141 White Oak Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Clyde Clement GRIGGS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred Irene TREAKLE		18a. INFORMANT - NAME (Type or Print) Ida GRIGGS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1141 White Oak Loop Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 28, 2015		21c. HOUR OF DEATH 20:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest Interval between onset and death:					
(b) Intracranial Bleed Interval between onset and death:					
(c) Interval between onset and death:					
(d) Interval between onset and death:					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

563987 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **2/5/2015**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

VRS-Rev-20120523a

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